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10/07/2005 DPOLLARD 00000002 501959 10764743

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Atty. Dkt. No.: WD0116

IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Fritzke et al.


Title: INSERT FOR A BAT HAVING
AN IMPROVED SEAM
ORIENTATION

Appl. No.: 10/764,743

Filing Date: January 26, 2004

Examiner: Mark S. Graham

Art Unit: 3711

CERTIFICATE OF PRIORITY MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Priority Mail on the date indicated below and in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Terence P. O'Brien (Printed Name)  (Signature) September 27, 2005 (Date)

RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

A. COMMENTS

This communication is responsive to the Notice of Non-Compliant Amendment mailed on September 22, 2005. The Notice of Non-Compliant Amendment indicates that the Amendment filed on August 5, 2005 is considered non-compliant because it has failed to meet the requirements of 37 CFR 1.121. In particular, because a complete listing of all of the claims is not present.

In the Amendment filed on August 5, 2005, Applicants did not include the previously canceled claims 1, 2, 7-22, 30, 31, 34, 37 and 47-55, and previously withdrawn claims 3-6, 23-29, 32, 33, 35, 36 and 38-46. With this Response,

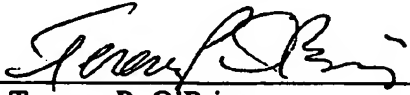
C. CONCLUSION

With this response to the Notice of Non-Compliant Amendment, Applicants respectfully request reconsideration of claims 56-72. Applicants believe that the present application is now in condition for allowance. The Examiner is invited to telephone the undersigned to discuss any issues in this case in order to advance the prosecution thereof.

No fee is believed due in association with this Response to the Notice of Non-Compliant Amendment. However, the Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 501959.

Respectfully submitted,

Date 27 September 2005
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By 
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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10764743

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	17	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	17 minus 20 =	
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	270

CLAIMS AS AMENDED - PART II

9-30-05 (Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 41	Minus	** 20	= 21
Independent	* 3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	1050.00
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	1050.00

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.